

RCE # 174

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL



Address to:

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/660,466
Filing Date	September 12, 2000
First Named Inventor	Dinesh Mody
Group Art Unit	3739
Examiner Name	Aaron F. Roane
Attorney Docket Number	23488-09185

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-entitled application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **SUBMISSION REQUIRED UNDER 37 C.F.R. § 1.114**

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☒ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☒ Information Disclosure Statement (IDS)
- iv. ☒ Other: Submission and Request for Continued Examination Under 37 CFR Section 1.114

2. **Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
- b. ☒ Return Postcard
- c. ☐ Other _____

3. **Fees** The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 19-2555
- ☒ Fee Transmittal Enclosed (in duplicate)
- ☒ Check in the amount of \$790 enclosed

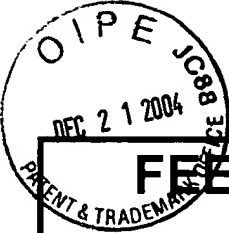
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Albert C. Smith	Registration No. (Attorney/Agent)	20,355
Signature	<i>A.C. Smith</i>	Date	12/16/04

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office, or if the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on:

Name (Print/Type)	Albert C. Smith	Registration No. (Attorney/Agent)	20,355
Signature	<i>A.C. Smith</i>	Date	12/16/04
Express Mail No.			



FREE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 790

Complete if Known

Application Number	09/660,466
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First Named Inventor	Dinesh Mody
Examiner Name	Aaron F. Roane
Art Unit	3739
Attorney Docket No.	23488-09185

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
☐ Deposit Account:

Deposit Account Number 19-2555

Deposit Account Name Fenwick & West LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
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SUBTOTAL (1) (\$) .00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	X	=
Independent Claims	-3** =	X	=
Multiple Dependent			=

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) .00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
1453	1,500	2453	750
1501	1,400	2501	700
1502	800	2502	400
1503	1100	2503	550
1460	—	1460	—
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900

Fee Description

Fee Paid

Surcharge - late filing fee or oath or declaration	
Surcharge - late provisional filing fee or cover sheet	
Non-English specification	
For filing a request for <i>ex parte</i> reexamination	
Requesting publication of SIR prior to Examiner action	
Requesting publication of SIR after Examiner action	
Extension for reply within first month	
Extension for reply within second month	
Extension for reply within third month	
Extension for reply within fourth month	
Extension for reply within fifth month	
Notice of Appeal	
Filing a brief in support of an appeal	
Request for oral hearing	
Petition to institute a public use proceeding	
Petition to revive - unavoidable	
Petition to revive - unintentional	
Utility issue fee (or reissue)	
Design issue fee	
Plant issue fee	
Petitions to the Director	
Processing fee for Provisional Applications	
Submission of Information Disclosure Stmt	
Recording each patent assignment per property (times number of properties)	
Filing a submission after final rejection (37 CFR 1.129(a))	
For each additional invention to be examined (37 CFR 1.129(b))	
Request for Continued Examination (RCE)	790
Request for expedited examination of a design application	

Other fee (specify) _____

SUBTOTAL (3) (\$) 790

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type)	Albert C. Smith	Registration No. (Attorney/Agent)	20,355	Complete (if applicable)	Telephone (650) 335-7296
Signature				Date	12/16/04